

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15357

FILED APR 20 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 923

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonville,</u> <u>4870</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Josephs Hospital St. Charles, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>St. Charles Road., Box 196</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>CHARLES</u>		c. (Last) <u>KLINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15th, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 29th, 1896</u>	
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>3</u> DAYS <u>17</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Paint</u>			
13a. FATHER'S NAME <u>Gustav Klinger</u>				13b. MOTHER'S MAIDEN NAME <u>Alvina Gieselman</u>			
14. NAME OF HUSBAND OR WIFE <u>Gladys Klinger nee Coleman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War #1</u>			
16. SOCIAL SECURITY NO. <u>44-02-7524</u>				17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Gladys Klinger, St. Charles Rd. Pattonville, Mo. 64070</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Gen Arterio sclerosis 5yr+</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Pattonville, Missouri</u> , 19____, that I last saw the deceased alive on <u>Apr 15, 1953</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. P. Enrich, School Health Officer, St. Charles, Mo.</u>				23b. ADDRESS <u>St Charles Mo. Health Officer, St. Charles, Mo.</u>			
23c. DATE SIGNED <u>Apr. 16/53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify)			
24b. DATE <u>4/18/53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd. St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>Apr 16 1953</u>				REGISTRAR'S SIGNATURE <u>James H. Hunsicker</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1954

MAY 2 1954

JUL 2 1953

1954-20-1000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *John A. Mlinar*
Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.